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APPLICATION FOR A WASTEWATER DISCHARGE PERMIT FOR DISCHARGE OF MUNICIPAL WASTEWATER TO GROUND WATER

FOR OFFICE USE ONLY

Check One

New/Renewal

☐

Modification

☐

Date Application Received _____

Application/Permit No. _____

Date Application Accepted _____

Date Fee Paid _____

This application is for a wastewater discharge permit as required in accordance with provisions of Chapter 90.48 RCW and Chapter 173-216 WAC. Permit applications provide the Department with information on pollutants in the waste stream, materials which may enter the waste stream, the flow characteristics of the discharge, and the site characteristics at the point of discharge.

The Department may request additional information at a later date to clarify the conditions of this discharge. Information previously submitted to the Department and which is applicable to this application should be referenced in the appropriate section.

SECTION A. GENERAL INFORMATION

1. Applicant Name:

2. Facility Name:
(if different from Applicant)

3. Applicant Address:

Street

City/State

Zip

4. Facility Address:

Street

City/State

Zip

5. Latitude/longitude of the facility:

____° ____' ____" N ____° ____' ____" W

6. Person to contact who is familiar with the information contained in this application:

Name

Title

Telephone Number

Fax Number

7. Check One:

☐ **Permit Renewal** (including renewal of temporary permits authorized by RCW 90.48.200)

Does this application request a greater amount of wastewater discharge, a greater amount of pollutant discharge, or a discharge of different pollutants than specified in the last permit application for this facility? ☐ YES ☐ NO

For permit renewals, the current permit is an attachment, by reference, to this application.

☐ **Permit Modification**

☐ **Existing Unpermitted Discharge**

☐ **Proposed Discharge**

Anticipated date of discharge: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.

Signature*

Date

Title

Printed Name

*Applications must be signed by either a principal executive officer or a ranking elected official. If these titles do not apply to your organization, the application is to be signed by the person who makes budget decisions for this facility. For state facilities, this is typically a program manager.

The Department of Ecology is an equal opportunity agency and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled veteran's status, Vietnam Era veteran's status or sexual orientation.

If you have special accommodation needs or require this document in alternative format, please contact Ecology at (360) 407-6401 (voice). Ecology's telecommunications device for the deaf (TDD) is (360) 407-6006.

SECTION B. TREATMENT PLANT INFORMATION

1. Identify all industries, large commercial facilities or other communities discharging to this publicly owned treatment works (POTW) by name, type of industry, address, telephone number and contact name. Attach extra sheet(s) if needed and label as attachment B1.

| | INDUSTRY #1 | INDUSTRY #2 |
|---------------|-------------|-------------|
| NAME: | | |
| INDUSTRY: | | |
| ADDRESS: | | |
| TELEPHONE: | | |
| CONTACT NAME: | | |

2. Plant Design and Operation Manuals Available for This Treatment Facility:

| <u>Type of Manual</u> | <u>Date</u> | <u>Is There a Copy at the POTW?</u> |
|---|-------------|--|
| <input type="checkbox"/> Engineering Report | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Operation and Maintenance Manual | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Crop Management Plan | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Sprayfield Management Plan | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

3. Plant Design Data:

| | |
|---|-------|
| a. Average Influent Flow for Maximum Month (MGD): | _____ |
| b. Influent BOD Load (lbs/day): | _____ |
| c. Influent SS Load (lbs/day): | _____ |
| d. Began Operation (year): | _____ |
| e. Last Major Upgrade (year): | _____ |
| f. Planned Upgrades (year): | _____ |
| g. Design Population: | _____ |
| h. Sprayfield loading - attach copy of the irrigation schedule if schedule if available | _____ |

4. Are there plans to modify this facility? If so, briefly describe what and when.

5. Attach a simple schematic drawing of POTW and label as attachment B.5. (*Attachments should be 11 x 17", or smaller*). The schematic should show all treatment processes (from B.6 below), flow direction and flow quantities (in million gallons per day (MGD) or in gallons per day (GPD)).

6. Identify the type and number of unit processes at this facility.

| Treatment | Unit Processes | Number of Units |
|---------------|-----------------------------------|-----------------|
| Lift Stations | In Collection System | |
| | At Head of Plant | |
| | Manually Operated Bar Screens | |
| | Mechanically Operated Bar Screens | |

| Treatment | Unit Process | Number of Units |
|-----------------------|--|-----------------|
| Preliminary Treatment | Gr it Re m ov al | |
| | Pre- A er ati on | |
| | Com mi nu tor s/ Gr in de rs | |
| | Ot he r (s pe cif y) — — — | |
| | Pr im ar y Se di m en tat ion | |

| Treatment | Unit Process | Number of Units |
|-------------------|-----------------------------------|-----------------|
| Primary Treatment | Tank /Clarifiers | |
| | Septic tanks | |
| | Other (specify) — — — | |

| Treatment | Unit Process | Number of Units |
|-----------|---|-----------------|
| | Oxidation Ditch | |
| | Package Plant - Activated Sludge | |
| | Package Plant - Physical/ Chemical | |
| | Aerated Lagoon | |

| Treatment | Unit Process | Number of Units |
|---------------------|---|-----------------|
| Secondary Treatment | Non-aerated Lagoon / Facultative Lagoon | |
| | Rotating Biological Contact | |
| | Secondary Clarifiers | |
| | Trickling Filter | |

| Treatment | U n i t P r o c e s s | Number of Units |
|----------------------|---|-----------------|
| | Polishing Ponds | |
| | Other (specify) — — — | |
| Additional Treatment | Coagulation | |
| | Filtration | |
| | Storage (Lined Lagoon) | |
| | Storage (Unlined) | |

| Treatment | U n i t P r o c e s s | Number of Units |
|-------------------|--|-----------------|
| | La go on) | |
| | Ot he r (<i>s pe cif y</i>) — — — | |
| | Dr ai nfi el d | |
| Land Treatment or | Ra pi d In fil tra tio n/I nfi ltr ati on La go on | |
| | C on str uc te d W etl an d | |
| | Sp rin | |
| | | |

| Treatment | Unit Process | Number of Units |
|--------------|----------------------|-----------------|
| Disinfection | Chlorination | |
| | Ultraviolet | |
| | Other — — — | |

SECTION C. WASTEWATER INFORMATION

1. Average influent flow for the maximum month: _____ gallons/day
Maximum daily flow applied to the land: _____ gallons/day
2. How are influent and effluent flow measured?
3. Attach flow records for the last year.
4. Provide measurements or range of measurements for treated wastewater prior to land application for the parameters with an "X" in the left column. Use the analytical methods given in the table unless an alternate method is approved by Ecology. All analyses (except pH) must be conducted by a laboratory registered or accredited by the Department of Ecology (WAC 173-216-125). If this is an application for permit renewal, provide data for the last year for those parameters that are routinely measured. For parameters measured only for this application, place values under maximum.

| X | Parameter | Concentration Measured | | | Number of Analyses | Analytical Method Std. Methods 19th edition | Detection Limit |
|---|-------------------------|------------------------|---------|---------|--------------------|--|-----------------|
| | | Minimum | Maximum | Average | | | |
| | BOD (5 day) | | | | | 5210 | 2 mg/l |
| | COD | | | | | 5220 B, C, or D | 5 mg/l |
| | Total Suspended Solids | | | | | 2540D | 1 mg/l |
| | Total Dissolved Solids | | | | | 2540 C | |
| | Conductivity | | | | | 2510 A | |
| | | | | | | | |
| | Ammonia-N | | | | | 4500-NH ₃ C | 20 µg/l |
| | pH | | | | | 4500-H | 0.1 units |
| | Total Residual Chlorine | | | | | 4500-Cl E | 1 mg/l |
| | Fecal Coliform | | | | | 9222 D | |
| | Total Coliform | | | | | 9221 B or 9222 B | |
| | Dissolved Oxygen | | | | | 4500-O C or 4500-O G | |
| | | | | | | | |

| X | Parameter | Concentration Measured | | | Number of Analyses | Analytical Method Std. Methods 19th edition | Detection Limit |
|---|---------------------|------------------------|---------|---------|--------------------------|--|-----------------|
| | | Minimum | Maximum | Average | | | |
| | Nitrate + Nitrite-N | | | | | 4500-NO ₃ E | 0.5 mg/l |
| | Total Kjeldahl N | | | | | 4500-N _{org} | 20 µg/l |
| | Ortho-phosphate-P | | | | | 4500-P E or 4500-P F | 1 µg/l |
| | Total-phosphate-P | | | | | 4500-P B.4. | 1 µg/l |
| | Total Oil & Grease | | | | | 5520 C | 0.2 mg/l |
| | | | | | | | |
| | Calcium | | | | | 3500-Ca B | 3 µg/l |
| | Chloride | | | | | 4500-Cl C | 0.15 µg/l |
| | Fluoride | | | | | 4500-F D | 0.1 mg/l |
| | Magnesium | | | | | 3500-Mg B | 0.5 µg/l |
| | Potassium | | | | | 3500-K B | 5 µg/l |
| | Sodium | | | | | 3500-Na B | 2 µg/l |
| | Sulfate | | | | | 4500-SO ₄ E | 1 mg/l |
| | | | | | | | |
| | Barium (total) | | | | | 3500-Ba B | 30 µg/l |
| | Cadmium (total) | | | | | 3500-Cd B | 5 µg/l |
| | Chromium (total) | | | | | 3500-Cr B | 50 µg/l |
| | Copper (total) | | | | | 3500-Cu B | 20 µg/l |
| | Iron (total) | | | | | EPA 236.1 | 1 µg/l |
| | Lead (total) | | | | | 3500-Pb B | 100 µg/l |
| | | | | | | | |
| | Manganese (total) | | | | | | |
| | Mercury | | | | | 3500-Hg B | 0.2 µg/l |
| | Selenium (total) | | | | | 3500-Se C | 2 µg/l |
| | Silver (total) | | | | | 3500-Ag B | 10 µg/l |
| | Zinc (total) | | | | | 3500-Zn B | 5 µg/l |

5. Describe the collection method for the samples which were analyzed above (i.e., grab, 24 hour composite).
6. Has the effluent been analyzed for any other parameters than those identified in question C.4 or are there other pollutants that you know of or believe to be present?
☐ YES ☐ NO

If yes, specify the pollutants and their concentration if known (attach laboratory analyses if available). (*Note: Ecology may require additional testing.*)

SECTION D. GROUNDWATER INFORMATION

Provide measurements or range of measurements from monitoring wells or supply wells in the area of discharge. Provide the analytical method and detection limit, if known. Provide the location of each well on the map required in E.3 below. Attach well logs and well I.D. # when available. Copy this page as necessary for each well.

Well ID # _____

| Parameter | Concentration or Range Measured | Analytical Method | Detection Limit |
|-------------------------|---------------------------------|-------------------|-----------------|
| BOD (5 day) | | | |
| COD | | | |
| Total Suspended Solids | | | |
| Total Organic Carbon | | | |
| Total Dissolved Solids | | | |
| Conductivity | | | |
| Total Hardness | | | |
| Ammonia-N | | | |
| pH | | | |
| Total Residual Chlorine | | | |
| Fecal Coliform | | | |
| Total Coliform | | | |
| Dissolved Oxygen | | | |
| | | | |
| Nitrate + Nitrite-N | | | |
| Total Kjeldahl N | | | |
| Ortho-phosphate-P | | | |
| Total-phosphate-P | | | |
| Total Oil & Grease | | | |
| | | | |
| Calcium | | | |
| Chloride | | | |
| Fluoride | | | |
| Magnesium | | | |
| Potassium | | | |
| Sodium | | | |
| Sulfate | | | |
| | | | |
| Barium (total) | | | |
| Cadmium (total) | | | |
| Chromium (total) | | | |
| Copper (total) | | | |
| Iron (total) | | | |
| Lead (total) | | | |
| Manganese (total) | | | |
| Mercury | | | |
| Selenium (total) | | | |
| Silver (total) | | | |
| Zinc (total) | | | |
| Water Level | | | |

SECTION E. SITE ASSESSMENT

The local library and local city or county planning offices may be helpful in providing the information required in this section. The Department of Ecology Water Resources Section can be consulted for identifying wells within one mile of your site.

1. Give the legal description of the land treatment site(s) by section/township/range and latitude/longitude. Indicate owner for each site. Give the acreage of each land treatment site(s). Attach a copy of the contract(s) authorizing use of land for treatment.
2. If this is a new discharge, list all environmental control permits or approvals needed for this project; for example, SEPA review, septic tank permits, sludge application permits, or air emissions permits.
3. Attach an original United States Geological Survey (USGS) 7.5 minute topographic map. **USGS topographical maps are available from the Department of Natural Resources (360-902-1234), Metsker Maps (206-588-5222), some local bookstores and internet sites.** Show the following on this map:
 - a. Location and name of internal and adjacent streets.
 - b. Surface water drainage systems within ¼ mile of the site.
 - c. All wells within 1 mile of the site.
 - d. Wastewater discharge points.
 - e. Land uses and zoning adjacent to the wastewater application site.
 - f. Ground water gradient.
4. Describe soils on the site using information from local soil survey reports. **Soils information is available from your local County Conservation District.** *(Submit on separate sheet and label as attachment E.4).*
5. Describe the local geology and hydrogeology within one mile of the site. **The local library or local Soil Conservation Service may have this information.** *(Submit on separate sheet and label as attachment E.5).*

6. List the names and addresses of contractors or consultants who provided information and cite sources of information by title and author.

SECTION F. SLUDGE MANAGEMENT AND DISPOSAL

1. If your wastewater treatment is by lagoon:

Has the depth of the sludge been measured in the last five years?

☐ YES ☐ NO (include measurement) _____

Will sludge be removed in the next five years? If so, describe sludge generation, stabilization, utilization, and disposal. Attach extra sheets as necessary.

2. If your wastewater treatment is by methods other than lagoon:

Do You Have a Sludge Management Plan? ☐ YES ☐ NO

Is the Plan approved by:

☐ Local Health District? Date approved: _____

☐ Department of Ecology? Date approved: _____

Summary of Attachments That May be Required for This Application:

(Please check those attachments which are included)

- ☐ B.5 Schematic drawing of POTW
- ☐ C.3 Flow records
- ☐ C.6 Additional effluent analysis
- ☐ D. Additional ground water data
- ☐ E.1 Copies of contracts authorizing use of land for treatment
- ☐ E.3 USGS topographic map
- ☐ E.4 Soil information
- ☐ E.5 Local geology and hydrogeology